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P.O. BOX 2130, AMHERST, MA 01004
 TEL: 1-800-442-1185 OR (413) 256-6692 X104
 FAX: (413) 549-2073

MONTH _____

YEAR _____

Employer Name:				Homemaker Name:			
Address: Street/Number				Address: Street/Number			
City:		State:		City:		State: Zip Code:	
Home Phone #		Work Phone #		Home Phone #		Work Phone #	
<input type="checkbox"/> Employer check if new address and/or telephone				<input type="checkbox"/> Homemaker check if new address and/or telephone			

	Total Day Activity Hours						Total Day Hrs		Total Day Activity Hours						Total Day Hrs
	DAY		DAY		DAY				DAY		DAY		DAY		
	IN	OUT	IN	OUT	IN	OUT		IN	OUT	IN	OUT	IN	OUT		
16 th								24 th							
17 th								25 th							
18 th								26 th							
19 th								27 th							
20 th								28 th							
21 st								29 th							
22 nd								30 th							
23 rd								31 st							
						Total Hrs.								Total Hrs.	

BY SIGNING BELOW, I CERTIFY UNDER PAIN AND PENALTY OF PERJURY THAT I HAVE RECEIVED
 HOMEMAKER SERVICES FROM THE HOMEMAKER DURING THE TIMES DESCRIBED ON THIS ACTIVITY
 FORM.

BY SIGNING BELOW, I CERTIFY UNDER PAIN AND PENALTY OF PERJURY THAT I HAVE PROVIDED
 HOMEMAKER SERVICES TO THE EMPLOYER DURING THE TIMES DESCRIBED ON THIS ACTIVITY
 FORM.

 EMPLOYER/SURROGATE'S SIGNATURE DATE
 Please mail, fax or deliver this signed timesheet within 2 days following the end of recording period to ensure timely payment. Incomplete or illegible timesheets, or timesheets not signed by both the employer/surrogate and the homemaker will be returned.

 HOMEMAKER'S SIGNATURE DATE